



## EVENT COORDINATOR APPLICATION FOR TEMPORARY FOOD ESTABLISHMENTS

Brunswick County Health Services, Environmental Health Section  
25 Courthouse Drive NE ▪ P. O. Box 9 ▪ Bolivia, NC 28422  
(910)253-2150

Email: [flplans@brunswickcountync.gov](mailto:flplans@brunswickcountync.gov)

### Event Information

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

### Event Coordinator Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Coordinator Name(s) and Contact Information: \_\_\_\_\_

### Site Information

Source of Water for Food Vendors:

\_\_\_ Public Water \_\_\_ Water Supplied by Food Vendor(s)

\_\_\_ \*On-site Private Well \_\_\_ Other: \_\_\_\_\_

(\*Requires testing prior to event)

Check the following items supplied for the food booths by the organizer:

\_\_\_ Potable Water Hose \_\_\_ Toilet Facilities \_\_\_ Electricity \_\_\_ Grease Disposal Bin

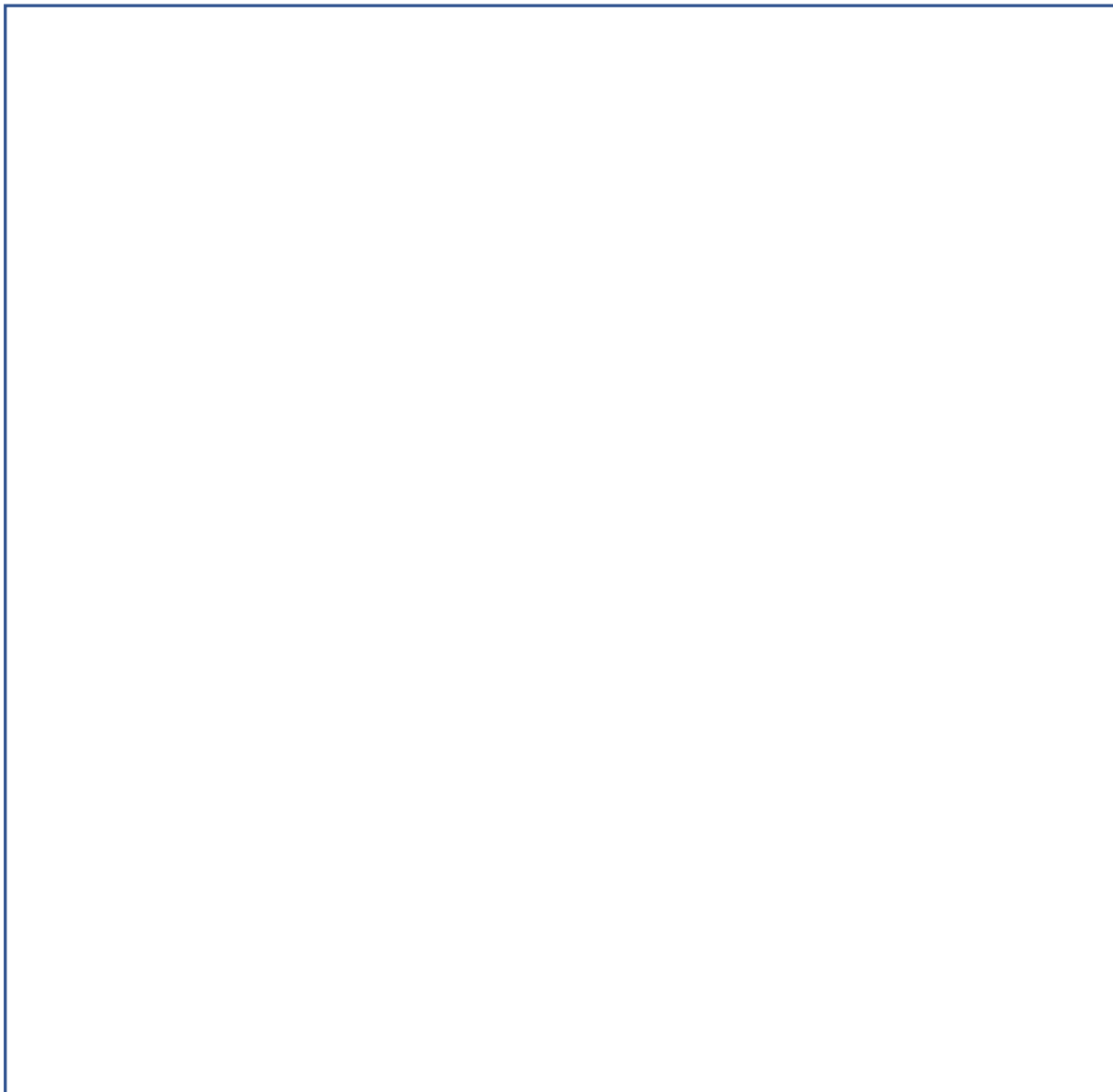
\_\_\_ Wastewater Disposal Bin \_\_\_ Dumpster \_\_\_ Backflow Preventer

### Food Vendor Information

(List ALL food vendors below. Use additional forms if needed):

Booth Name	Contact Name	Phone/Email

**Provide a basic layout of the event site or attach a site map and label locations for: food vendors, potable water lines, grey water bins, restrooms, dumpsters, grease bins and any petting zoo or animal holding areas. Applications will not be accepted without a site map.**



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**I certify that the information in this application is correct and I understand that any deviation without prior approval from Brunswick County Environmental Health may nullify approval.**

**Event Coordinator (Print/Sign):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*PLEASE NOTE: A separate vendor application must be submitted by each food service vendor at least 15 days prior to the start of the event. Applications and fees cannot be accepted at the event.**